



Iraqi Board of Medical Specializations

Daily Laboratory Training Log

Trainee Information

Trainee Name: _____

Training Year: _____

Lab Section: _____

Date: ____ / ____ / ____

Shift: ☐ Morning ☐ Evening

Key Notes of Today's Work & Trainee Reflection

(Tests performed or observed, important learning points)

Supervisor Feedback

Supervisor Verification

I confirm the trainee completed today's laboratory activities.

Supervisor Name: _____

Signature: _____

Date: ____ / ____ / ____